

Department of Health and Human Services
 Licensure Unit / Office of Rehab and Com. Services
 PO Box 94986
 Lincoln, Nebraska 68509
 402-471-2299 or 800-422-3460 x 1-1

RENEWAL NOTICE

YOUR LICENSE AS AN EMT EXPIRES 12/31/2010. This document must be postmarked on or before 12/31/2010 to avoid the expiration of your license. If you do NOT renew your license by the expiration date, you may not continue to practice. If you continue to practice you will be subject to an administrative penalty of \$10.00 per day, up to \$1,000.00.

Name: _____

Address: _____

LICENSE #

«License_No»

- ☐ Active No Fee
☐ Inactive No Fee
☐ Active/Military No Fee

**TWO YEAR
 RENEWAL**

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name as printed above

INACTIVE means that you cannot practice but may represent yourself as having an inactive license. To change from inactive to active status you **MUST** contact this office for an application and meet the renewal requirements which are in effect at the time the status change is requested. Completing continuing education hours is not required to request inactive status.

I hereby attest that I have a current CPR card and have met ONE of the following: (Complete only A, B, C, or D)

_____ **A. CERTIFICATION OF CONTINUING EDUCATION HOURS.**

I attest that I have completed at least 30 hours of continuing education during the time period January 1, 2008 through December 31, 2010.

OR

_____ **B. VERIFICATION BY PHYSICIAN MEDICAL DIRECTOR OR QUALIFIED PHYSICIAN SURROGATE:**

I verify that the above named applicant is qualified for renewal as an EMT as defined in 12-003.04H9(b) of Title 172 NAC 12, Regulations relating to Licensure of Emergency Medical Services. I further attest that the documentation that shows the skill competency for this level of license is available for inspection.

Applicant's Licensed Service Affiliation _____

Medical Director or Physician Surrogate Signature _____ Date _____

OR

_____ **C. VERIFICATION OF NATIONAL REGISTRY CERTIFICATE**

I have a current EMT certification from the National Registry of Emergency Medical Technicians. (Please attach photocopy)

OR

_____ **D. PASSAGE OF THE WRITTEN ASSESSMENT EXAM.**

I have taken/passed the written assessment exam on DATE: _____. (Please attach photocopy of results).

CONTINUING COMPETENCY AUDIT: If you are randomly selected for an audit to provide proof of your continuing education, you will be notified by mail at a later date. Retain all documentation of continuing education activities that you completed for the renewal of your license in this renewal cycle. Licensees are advised to retain all documentation of continuing education activities for at least four (4) YEARS AFTER THIS RENEWAL. **DO NOT SUBMIT CONTINUING EDUCATION CERTIFICATES TO THIS OFFICE UNLESS YOU RECEIVE AN AUDIT LETTER.**

WAIVER: If **you have not** completed the continuing education requirement and wish to apply for a partial or total waiver of the continuing education requirement, please check the reason for said request:

_____ I am requesting a waiver of _____ continuing education hours. Check applicable reason for waiver below.

_____ I have served in the regular armed forces of the United States during part of the thirty-six (36) months preceding the certification renewal date and request my continuing education requirements be waived. (You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
_____ I have suffered a serious or disabling illness or physical disability during the credentialing period immediately preceding the renewal date, which prevented completion of the continuing competency requirements. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during this period.)
_____ I was first licensed after January 1, 2007.

Documentation (if requested above) must be provided to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license renewal cannot occur.

YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: To renew your license, you must have a valid social security #, an Alien Registration #, or a Form I-94 # and you must answer the questions below. **Answer each of the following questions with regard to the time period since your last renewal; or if you were initially licensed after 01/01/2007.**

1	Do you have a valid Social Security Number, Alien Registration Number, and/or I-94 Number? If yes, report below. Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	SOCIAL SECURITY NUMBER #		
	ALIEN REGISTRATION #		
	FORM I-94 (ARRIVAL-DEPARTURE RECORD)		
	Social security numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.		

If you answer NO to questions 2, 3 and/or 4, you must provide an explanation.

2	Are you of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you met the continuing competency requirements for your profession or applied for a waiver of those requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have the mental and physical capacity to practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer YES to any of questions 5-18, you must provide an explanation

5	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

19	<p>Are you with a service(s)? If you answered “Yes” provide the name(s) of each service you are currently affiliated with.</p> <p>Service Name _____</p> <p>Service Name _____</p> <p>Service Name _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §§38-129 and 4-108 through 4-114, I attest as follows:

Please check the appropriate box(s) below:

- ☐ I am a citizen of the United States
- ☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act
- ☐ I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States
- ☐ I am a qualified alien under the Federal Immigration and Nationality Act

NOTE: If you are an alien lawfully admitted into the U.S. for permanent resident OR non-immigrant whose visa/application for visa for entry is related to such employment in the US, you must submit evidence of lawful permanent residence and/or immigration status which may include a copy of:

1. An Alien Registration Receipt Card (Form I-551, otherwise known as a “Green Card”);
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
3. A document showing an Alien Registration Number (“A#”); with visa status or
4. A Form I-94 (Arrival-Departure Record) with visa status.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character;
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s); and
5. I have completed the required continuing education within the preceding 36 months pursuant to 172 NAC 11 or have applied for a waiver of continuing education

Print Name: _____

(Signature of Applicant)

(Date)

Please provide the following information so we may quickly contact you, if necessary

Phone: (optional) _____ Fax: (optional) _____

Email (optional) _____